



Client No. 2036		Client Name O H METELS		Location 1007 OSWEGO ST. UTICA, NY		Date 12/5/86				
Facility Equipment	Detax Clock	Weapon No.	Holster	Nightstick	Raiscoat	Flashlight	Other			
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) Felix, Kenneth		Officer—Swing Shift (Name) del Vecchio		Officer—Grave Shift (Name) COATES, EUGENE				
Shift		Shift		Shift		Shift				
Began 8 AM PM		Ended 4 AM PM		Began 12 AM PM		Ended 8 AM PM				
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation	
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Fire-smoke or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
6. Lights left burning		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Visitors		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Remarks VISUAL CK - PERIMETER OF BLDG INCLUDING FENCE LINE (2) 12AM TO 8AM. Checked - premises all around - all secure N.F. - 8AM TO 4PM. made visual checks every hour, large hole in fence on Oswego st (2)										
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.										
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	
	Yes	<input checked="" type="checkbox"/> No	Yes	No	Yes	<input checked="" type="checkbox"/> No	Yes	No	Yes	No
2. Did you suffer any illness?	Yes	<input checked="" type="checkbox"/> No	Yes	No	Yes	<input checked="" type="checkbox"/> No	Yes	No	Yes	No
3. Have you reported all accidents coming to your attention?	Yes	<input checked="" type="checkbox"/> No	Yes	No	Yes	<input checked="" type="checkbox"/> No	Yes	No	Yes	No
Signatures	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	
		Kenn Felix				del Vecchio			Eugene R Coates	
Signatures	2.				2.					
Signatures	3.				3.					

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